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maintenance fee notifica	ions.		a) specifying a new t						
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22446	7590 09/04	1/2009	8/		Cert	ificate o	f Mailing or Transi	nission	
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	N SQUARE, SUIT S, IN 46282-0200		8	State addre trans	s Postal Service wi essed to the Mail mitted to the USPT	ith suffic Stop IS O (571)	Transmittal is being cient postage for firs SUE FEE address 273-2885, on the day	t class mail i above, or be ite indicated	n an envelope eing facsimile below.
11/10/2009 CCHAU2	00000092 10629880	100	& TRADEMANDO		Suzan	al .	Rosels	(Depositor's name) (Signature)
01 FC:2501 02 FC:1504	755.0 300.0	00 OP 00 OP			MARIA	50	Rozers		(Date)
APPLICATION NO.	FILING DATE	· · · · · · · · · · · · · · · · · · ·	FIRST NAMED INVENTO		ATTORNEY I		NEY DOCKET NO.	OCKET NO. CONFIRMATION	
10/629,880	10/629,880 07/29/2003			Harry Leneau			792-73218	5579	
TITLE OF INVENTION	: INGESTION OF HYA	LURONIC ACID FOR I	MPROVED JOINT H	EALT	TH			***	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	DUE	PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DA	TE DUE
nonprovisional	YES	\$755	\$300		\$0		\$1055	12/0	04/2009
EXAMINER .		ART UNIT	CLASS-SUBCLASS						
SASAN, AR		1615	424-452000						
1. Change of corresponde CFR 1.363). Change of corresponders form PTO/SE "Fee Address" indi PTO/SB/47; Rev 03-0 Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
PLEASE NOTE: Unl recordation as set forth (A) NAME OF ASSIG	ess an assignee is ident in 37 CFR 3.11. Com	A TO BE PRINTED ON 7 ified below, no assignee pletion of this form is NO		the pargan a	tent. If an assigne ssignment. and STATE OR CO			ocument has	been filed for
		categories (will not be pr	•	•		rporation	or other private gro	up entity	Government
Advance Order - #	o small entity discount p	permitted)	b. Payment of Fee(s): A check is enclo Payment by cred The Director is h overpayment, to	ed. it card	l. Form PTO-2038	is attach	ned. quired fee(s), any de	ficiency, or c	
5. Change in Entity Stat a. Applicant claims	SMALL ENTITY status	· ·	☐ b. Applicant is no	olong	er claiming SMAL	L ENTI	TY status. See 37 CF	R 1.27(g)(2)).
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Authorized Signature	Whih	l		; -	-		4, 2009		
Typed or printed name	MARK I	reicher			Registration No	D	53,509		
an application. Confident submitting the completed this form and/or suggestion	iality is governed by 35 application form to the ons for reducing this buing injurial 22313-1450. DC	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to th O NOT SEND FEES OR 6	1.14. This collection depending upon the Chief Information (is esti: indivi Officer	mated to take 12 m dual case. Any con : U.S. Patent and T	ninutes to nments o Frademai	o complete, including on the amount of times of Office, U.S. Depart	g gathering, ne you requi rtment of Co	preparing, and re to complete ommerce. P.O.

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ICE MILLER	LLP	12	I be	ereby certify that this	Fee(s) Transmittal is being	deposited with the United				
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				Suzan	of ROCALS	(Depositor's name)				
			·	Sugar	re Rogers	(Signature)				
			Ŀ	1/0	5090	(Date)				
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.				
10/629,880	07/29/2003		Harry Leneau		29792-73218	5579				
TITLE OF INVENTION	I: INGESTION OF HYA	LURONIC ACID FOR I	MPROVED JOINT HEAL	.TH						
			•							
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EXAMINER . ART UNIT			CLASS-SUBCLASS							
SASAN, AI	RADHANA	1615	424-452000	-						
l. Change of correspond CFR 1.363).	ence address or indicatio	n of "Fee Address" (37								
	oondence address (or Cha	inge of Correspondence	or agents OR, alternatively,							
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3							
Number is required.	J2 or more recent) attach	led. Use of a Customer	2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.							
			THE PATENT (print or ty							
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(A) NAME OF ASSI		•	(B) RESIDENCE: (CITY	and STATE OR CO	DUNTRY)					
Leneau	Holdings, LL	Č	Jasper,	MO						
Please check the appropr	iate assignee category or	categories (will not be p	rinted on the patent):	Individual 🔀 Cor	poration or other private grou	up entity Government				
la. The following fee(s)	are submitted:	4	b. Payment of Fee(s): (Ple	ase first reapply any	previously paid issue fee s	hown above)				
Issue Fee			A check is enclosed.							
Publication Fee (N	No small entity discount p	permitted)	Payment by credit card. Form PTO-2038 is attached.							
Advance Order -	# of Copies		The Director is hereby overpayment, to Depo	y authorized to charg osit Account Number	e the required fee(s), any def	iciency, or credit any extra copy of this form).				
. Change in Entity Sta	tus (from status indicated	d above)								
	s SMALL ENTITY statu			-	L ENTITY status. See 37 CF					
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Authorized Signature		1	5 '							
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